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CONFIRMATION NO. 5384

SERIAL NUMBER 10/649,473	FILING OR 371(c) DATE 08/26/2003 RULE	CLASS 382	GROUP ART UNIT 2624	ATTORNEY DOCKET NO. 895,675-173
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/406,183 08/26/2002 and claims benefit of 60/406,254 08/26/2002
 and claims benefit of 60/406,148 08/26/2002
 and claims benefit of 60/406,184 08/26/2002
 and claims benefit of 60/406,185 08/26/2002
 and claims benefit of 60/406,234 08/26/2002

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 11/15/2003

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>SCA</u> Initials <u>6/11/07</u>	STATE OR COUNTRY OH	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS

34263

TITLE

System and method for identifying a vascular border

FILING FEE RECEIVED 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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